

GALLATIN COUNTY, MONTANA APPLICATION FOR EMPLOYMENT

Instructions:

- A. Complete this application by typing or printing in ink. An application tailored to the position is to your advantage.
- B. If a question does not apply to you, write "N/A"
- C. The Application form is reviewed separately from any other materials submitted and will be used to evaluate your qualifications for this position. Therefore, you must answer all questions rather than referring to your resume or other materials you may have submitted.
- D. **You may attach additional sheets, if necessary. If you do so, make reference to the item number you are addressing.**
- E. The County makes reasonable accommodations for any known disability that may interfere with an applicant's ability to compete in the recruitment and selection process or an employee's ability to perform the essential duties of the job. For the County to consider any such accommodation, the applicant must make known any needed accommodation.
- F. **INCOMPLETE and/or UNSIGNED applications, including those that do not follow the instructions, will NOT be considered.**

1. APPLICANT IDENTIFICATION

Name _____
Last name First name Middle initial

Mailing Address _____
Address City State Zip

Phone Numbers _____
Home Phone Cell Phone Work Phone

Email Address _____

2. EXACT TITLE OF POSITION APPLYING FOR _____

3. DRIVER'S LICENSE

Do you have a valid Driver's License? Yes No If **Yes**, in which State? _____

Commercial Driver's License? Yes No If **Yes**, specify Type _____

Class _____ Hazardous Material? Type _____ Airbrakes?

4. EDUCATION

	Name & Address of School	Course of Study	Check last year completed	Did you graduate?	Diploma or Degree
High School			1 2 3 4 5	Yes No GED	
Vo-Tech School			1 2 3 4 5	Yes No	
College/ University			1 2 3 4 5	Yes No	
Graduate/ Professional			1 2 3 4 5	Yes No	

5. OTHER TRAINING List other schools or training that will help you qualify for this position.

Training Site/ Provider Name and Location	Dates Attended	Completed?	Course Title/Description	Total Hours
	From:	Yes		
	To:	No		
	From:	Yes		
	To:	No		
	From:	Yes		
	To:	No		
	From:	Yes		
	To:	No		

6. LICENSES, REGISTRATION or CERTIFICATES (CPA, PE, etc.)

Name and complete address of Licensing Agency	Type of License	Endorsement/Restriction <i>(if applicable)</i>	Date Licensed	Expiration Date <i>(if applicable)</i>

7. IF APPLYING FOR SKILLED CRAFT JOBS: Are you a recognized Journey level worker? Yes No

If **Yes**, craft or trade _____ Received when? _____

8. SKILLS Check all skills you possess.

Keyboarding/Typing	Data Entry	10-Key	Word	Excel	Outlook	Internet Explorer
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9. AVAILABILITY

- a. Date you are available to start work _____
- b. Will you accept Full Time Part Time (less than 40 hours per week)?
- c. Are you available to work all shifts? *(including nights, weekends, holidays and rotating shifts)*
- Yes No If **No**, indicate below all days and times you are **NOT** able to work.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

10. REFERENCES

- | | | | | |
|----|---------|-------|-------|-------|
| 1) | Name | _____ | Title | _____ |
| | Address | _____ | City | _____ |
| | State | _____ | Zip | _____ |
| | | | Phone | _____ |
| 2) | Name | _____ | Title | _____ |
| | Address | _____ | City | _____ |
| | State | _____ | Zip | _____ |
| | | | Phone | _____ |
| 3) | Name | _____ | Title | _____ |
| | Address | _____ | City | _____ |
| | State | _____ | Zip | _____ |
| | | | Phone | _____ |

11. WORK EXPERIENCE

- ▶ List your most recent employment first
- ▶ List every job held during the past seven years
- ▶ List each promotion as a separate position
- ▶ Account for all gaps in employment

You should also include any other experience (e.g. military or volunteer work) that you have which is relevant to the position for which you are applying. **If the space provided is not adequate, you may respond to this section on a separate sheet of paper** if all questions in the blocks are answered and the same format is followed.

This information must be completed even if a resume or other application materials are submitted.

NOTICE TO APPLICANTS: Information that you provide on this application is subject to verification. Previous employers may be contacted as references and for verification.

Do you want to be informed before we contact your current employer? **Yes** **No**

Position/Title _____		From (mm/yy) _____	To (mm/yy) _____
Employer _____		Phone _____	
Address _____		City _____	State _____ Zip _____
Salary _____	Full Time	Part Time	Hours/week _____
Supervisor's Name & Title _____		Phone _____	
Describe your duties (knowledge, skills, abilities required, employees supervised or accomplishments):			
Reason for leaving: _____			
May we contact this employer?		Yes	No

Position/Title _____		From (mm/yy) _____	To (mm/yy) _____
Employer _____		Phone _____	
Address _____		City _____	State _____ Zip _____
Salary _____	Full Time	Part Time	Hours/week _____
Supervisor's Name & Title _____		Phone _____	
Describe your duties (knowledge, skills, abilities required, employees supervised or accomplishments):			
Reason for leaving: _____			
May we contact this employer?		Yes	No

Position/Title _____		From (mm/yy) _____	To (mm/yy) _____
Employer _____		Phone _____	
Address _____		City _____	State _____ Zip _____
Salary _____	Full Time	Part Time	Hours/week _____
Supervisor's Name & Title _____		Phone _____	
Describe your duties <i>(knowledge, skills, abilities required, employees supervised or accomplishments)</i> : 			
Reason for leaving: _____			
May we contact this employer?		Yes	No

Position/Title _____		From (mm/yy) _____	To (mm/yy) _____
Employer _____		Phone _____	
Address _____		City _____	State _____ Zip _____
Salary _____	Full Time	Part Time	Hours/week _____
Supervisor's Name & Title _____		Phone _____	
Describe your duties <i>(knowledge, skills, abilities required, employees supervised or accomplishments)</i> : 			
Reason for leaving: _____			
May we contact this employer?		Yes	No

Position/Title _____		From (mm/yy) _____	To (mm/yy) _____
Employer _____		Phone _____	
Address _____		City _____	State _____ Zip _____
Salary _____	Full Time	Part Time	Hours/week _____
Supervisor's Name & Title _____		Phone _____	
Describe your duties <i>(knowledge, skills, abilities required, employees supervised or accomplishments)</i> : 			
Reason for leaving: _____			
May we contact this employer?		Yes	No

12. MILITARY Do you have military experience? Yes No
If **Yes**: Entry Date _____ Separation Date _____
Branch of Service _____ Rank at Separation _____

13. HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH GALLATIN COUNTY? Yes No
If **Yes**: Date(s) applied _____
Position(s) applied for _____

14. HAVE YOU EVER WORKED FOR GALLATIN COUNTY? Yes No
If **Yes**: Date(s) _____
Position(s) _____

15. ARE YOU RELATED TO ANYONE CURRENTLY WORKING FOR GALLATIN COUNTY? Yes No
If **Yes**, provide name, department and relationship (include in-laws): _____

16. LIST ANY CRIMINAL CONVICTIONS YOU HAVE HAD AS AN ADULT (including traffic violations)
(Do not include parking tickets. An affirmative answer will not automatically disqualify you from being considered as a candidate for employment) If **Yes**, give when, where and the disposition of each case:

MONTANA PREFERENCE ACTS

If you are claiming preference under Montana Veterans' Employment Preference Act or Handicapped Persons' Employment Preference Act, complete the following (documentation required):

To claim **Veterans' Employment Preference**, you must be a U.S. citizen **and** (check one of the boxes below):

A Veteran separated under honorable conditions.

A Disabled Veteran separated under honorable conditions.

The spouse of a disabled veteran if the veteran's disability prevents him/her from working.

The unremarried surviving spouse of a veteran or disabled veteran.

The mother of a veteran, if the veteran lost his/her life under honorable conditions while serving in the Armed Forces, OR has a service-connected, permanent and total disability.

You may claim **Handicapped Persons' Employment Preference** as (check one of the boxes below):

A handicapped person certified by SRS.

The spouse of a totally (100%) disabled person certified by SRS.

If you checked one of the above boxes for **Handicapped Persons' Employment Preference**, are you a Montana resident?

Yes No If **Yes**, date residency established _____

APPLICANT CERTIFICATION

Incomplete or unsigned applications WILL NOT be considered!

I hereby certify that all information on this application and all attached materials are true, correct and complete to the best of my knowledge and contain no falsifications or misrepresentations. I am aware that falsifications or misrepresentations may disqualify me from consideration for employment or, if hired, may be grounds for termination at a later date.

I have attached the following additional materials *(check all that apply)*:

Resume

Application Supplement

Transcripts

Copy of current driver's license

DD-214

SRS Certification

Additional Work Experience forms – number of pages _____

Other (list) _____

Signature _____

Date Signed _____